## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

plication or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                    |                      |                             |                                 |                     | SMALL ENTITY TYPE                       |                        |       | OTHER THÂN<br>SMALL ENTITY |                    |     |
|---|--|---|------------------------------------|----------------------|-----------------------------|---------------------------------|---------------------|---|------------------------|-------|----------------------------|--------------------|-----|
| TOTAL CLAIMS  |  |   |                                    |                      |                             |                                 |                     | RATE                                    | FEE                    |       | RATE                       | FEE                |     |
| FOR   |  |   | NUMBER FILED                       |                      | NUMBER EXTRA                |                                 |                     | BASIC FEE                               | •                      | OR    | BASIC FEE                  | 880                | ク   |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20 minus 20=                       |                      | •                           |                                 |                     | X\$ 9=                                  |                        | OR    | X\$18=                     |                    |     |
| INDEPENDENT CLAIMS  |  |   | · / minus 3 =                      |                      | •                           |                                 | ,                   | X42=                                    |                        | OR    | X84=                       |                    |     |
| MU  | LTIPLE DEPEN                                   | RESENT                                    | ESENT                              |                      |                             |                                 | +140=               |   | OR                     | +280= |                            |                    |     |
| * If the difference in column 1 is less than zero, enter  |  |   |                                    |                      | r "0" in c                  | olumn 2                         | ,                   | TOTAL                                   |                        | OR    | TOTAL                      |                    |     |
| CLAIMS AS AMENDED - PART II   |  |   |                                    |                      |                             |                                 |                     | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                            |                    |     |
| . (Column 1)  |  |   |                                    | (Colu                |                             | (Column 3)                      |                     | SMALL                                   |                        | OR    | SMALL                      |                    | _   |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | PREVI                | BER                         | PRESENT<br>EXTRA                |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADD<br>TION<br>FEI | AL  |
|   | Total -  | . 20                                      | Minus                              | * 3                  | <b>B</b>                    | = •                             |                     | X\$ 9=                                  |                        | OR    | X\$18=                     | •                  |     |
|   | Independent                                    | • ]                                       | Minus                              | <b>""</b> 3          |                             | = •                             |                     | X42=                                    |                        | OR    | X84=                       |                    | ·   |
| ث   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |                                    |                      | CLAIM                       |                                 |                     | +140=                                   |                        | OR    | +280=                      |                    |     |
|   |  | ,   |                                    |                      |                             |                                 |                     | TOTAL                                   |                        | OR    | TÓTAL                      |                    |     |
|   |  |   |                                    |                      |                             |                                 |                     | ADDIT. FEE                              |                        | JO    | ADDIT. FEE                 |                    | _   |
|   |  | (Column 1)                                |                                    | (Colu                |                             | (Column 3)                      | ١.                  |   |                        |       |                            |                    |     |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER              |                                    |                      | IEST<br>IBER<br>OUSLY       | PRESENT<br>EXTRA                |                     | RATE                                    | ADDI-<br>TIONAL        |       | RATE                       | ADD                |     |
|   |  | AMENDMENT                                 |                                    | PAID                 | FOR                         | 0.,,,,                          | 4 1                 |   | FEE                    |       |                            | _FĘ!               | Щ   |
|   | Total  | - 12                                      | Minus                              | ** 0                 | 20                          | = 0                             |                     | X\$ 9=                                  |                        | OR    | X\$18=                     |                    |     |
|   | Independent                                    | NTATION OF MI                             | Minus                              | ***                  | 3<br>CCLAIM                 | - 5                             |                     | ×43=                                    | 172.00                 | OR    | X86=                       |                    |     |
| <u> </u>  | rino i Pricoc                                  | MANON OF MI                               | JEHR CE DEI                        | LINDEN               | 00 (1)11                    |                                 | ' │                 | +140=                                   |                        | OR    | +280=                      |                    |     |
|   |  | BEST                                      | ,                                  | TOTAL<br>ADDIT. FEE  | 172.00                      | OR                              | TOTAL<br>ADDIT. FEE |   |                        |       |                            |                    |     |
|   |  | _   |                                    |                      |                             |                                 |                     |   |                        |       |                            |                    |     |
| AMENDMENT C   |  | CLAIMS                                    |                                    | HIGH                 | iest<br>Ber                 | 22222                           | 7 r                 |   | ADDI-                  |       |                            | ADD                | )I- |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                    | PREVI                |                             | PRESENT<br>EXTRA                |                     | RATE                                    | TIONAL<br>FEE          |       | RATE                       | TION<br>FEI        |     |
|   | Total  | *   | Minus                              | **                   |                             | =                               | İ                   | X\$ 9=                                  |                        | OR    | X\$18=                     |                    |     |
|   | Independent                                    | •   | Minus                              | ***                  |                             | =                               | <b>1</b>            | V40-                                    |                        |       | X84=                       |                    |     |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                      |                             |                                 | 1                   | X42=                                    |                        | OR    | A04=                       |                    |     |
|   |  |   |                                    |                      |                             |                                 |                     | +140=                                   |                        | OR    | +280=                      |                    |     |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. File "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                    |                      |                             |                                 |                     |   |                        | OR    | TOTAL<br>ADDIT. FEE        |                    |     |
|   | r the "Highest Nui                             | mber Previously Pa                        | aru For IN IHII<br>id For Motel or | o orauc<br>Indonesia | ia icas uld<br>lent) is the | ing, einer g.<br>Ehighest numbe | er fou              | ind in the and                          | ropriate box           | in co | lumn 1.                    |                    |     |